

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

**UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION



| Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Barbara K Enterprises, Inc. \$2,000,000 Private Placement   |                                   |               |             |  |                      |    |  |
|---|-----------------------------------|---------------|-------------|--|----------------------|----|--|
| Filing Under (Check box(es) that apply):  Rule 504 Rule 505 Rule 506 Section 4(6) ULOE  Type of Filing:  New Filing Amendment   |                                   |               |             |  |                      |    |  |
| A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer   |                                   |               |             |  |                      |    |  |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Barbara K Enterprises, Inc.   |                                   |               |             |  |                      |    |  |
| Address of Executive Offices  Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)  Street, New York, New York 10036  (Number and Street, City, State, Zip Code) (212) 739-9800 |                                   |               |             |  |                      |    |  |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)  |                                   |               |             |  |                      |    |  |
| Brief Description of Business: Corporation selling a line of products, services and media extensions under the name "Barbara K" for   |                                   |               |             |  |                      |    |  |
| the "do it yourself" segr   | nent of the home improvement ma   | rket, targete | d to women. |  |                      |    |  |
| Type of Business Organization  Corporation   limited partnership, already formed   other (please specify): MAP 0.2.2005   |                                   |               |             |  |                      |    |  |
| business trust limited partnership, to be formed other (please specify): MAR 03 2005  |                                   |               |             |  | J                    |    |  |
|   |                                   | Month         | Year        |  | PHOMSON<br>PINANCIAL | Sc |  |
| Actual or Estimated Date  | of Incorporation or Organization: | July          | 2001        |  | □ Estimated          | ,  |  |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: DE CN for Canada; FN for other foreign jurisdiction.   |                                   |               |             |  |                      |    |  |

### **GENERAL INSTRUCTIONS**

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W. Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually

signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

|  |  | A BASIC IDENT   | IFICATION DATA   |  | ·  |
|--|--|---|--|--|--|
| 2. Enter the information re  | guested for the follo                  |   | ITICATION DATA   |  |  |
| 2. Enter the information re  | quested for the fond                   | ownig.  |  |  |  |
| • Each promoter of   | the issuer, if the issu                | ier has been organized within                               | n the past five years;   |  |  |
| <ul> <li>Each beneficial ov<br/>issuer;</li> </ul>                 | vner having the pow                    | ver to vote or dispose, or dire                             | ct the vote or disposition of, 10  | % or more of a cl                      | ass of equity securities of  |
| Each executive of  | ficer and director of                  | corporate issuers and of cor                                | porate general and managing p  | artners of partners                    | hip issuers; and   |
|  |  | partnership issuers.  |  | •                                      | •  |
| Check Box(es) that Apply:  | ☐ Promoter                             | Beneficial Owner  |  | ☑ Director                             | ☐ General and/or   |
|  |  | Es Denencial Owner  | E Executive Officer  | ES Birector                            | Managing Partner   |
| Full Name (Last name first, Kavovit, Barbara                       |  |   |  |  |  |
| Business or Residence Addr<br>25 West 45 <sup>th</sup> Street, New | York, New York 1                       | 10036   |  |  |  |
| Check Box(es) that Apply:  |  | ☐ Beneficial Owner  | Executive Officer     Second Se       | □ Director     □                       | ☐ General and/or<br>Managing Partner   |
| Full Name (Last name first, Davies, Paul                           |  |   |  |  |  |
| Business or Residence Add<br>25 West 45 <sup>th</sup> Street, New  | ess (Number and S<br>York, New York 1  | treet, City, State, Zip Code)<br>10036                      |  | giran yan dibi di<br>Lauga yangan dibi |  |
| Check Box(es) that Apply:  | ☐ Promoter                             | ☐ Beneficial Owner  | ⊠Executive Officer   | ☐ Director                             | ☐ General and/or<br>Managing Partner   |
| Full Name (Last name first,  | if individual)                         |   |  |  |  |
| Nolan, Robert  |  |   |  |  |  |
| 25 West 45 <sup>th</sup> Street, New                               | ress (Number and S<br>York, New York 1 | treet, City, State, Zip Code)                               |  |  |  |
| Check Box(es) that Apply:  |  | ☐ Beneficial Owner  | □ Executive Officer  | ⊠ Director                             | ☐ General and/or  Managing Partner   |
| Full Name (Last name first,<br>Azrak, Ruben                        | if individual)                         |   |  |  |  |
|  |  | treet, City, State, Zip Code)<br>New York, New York 10      | 018 intraction of the control of the |  | Here de la company de la compa |
| Check Box(es) that Apply:  | ☐ Promoter                             | ☐ Beneficial Owner  | ☐ Executive Officer  | ⊠ Director                             | ☐ General and/or<br>Managing Partner   |
| Full Name (Last name first, Gradess, Samuel                        | if individual)                         |   |  |  |  |
| Business or Residence Add<br>25 West 45 <sup>th</sup> Street, New  | ress (Number and S<br>York, New York   | treet, City, State, Zip Code)<br>10036                      |  |  |  |
| Check Box(es) that Apply:  | ☐ Promoter                             | ☐ Beneficial Owner  | ■ Executive Officer  | <b>⊠</b> Director                      | ☐ General and/or<br>Managing Partner   |
| Full Name (Last name first,<br>Kestenman, Nathan                   | 1.0                                    |   |  |  |  |
|  | ress (Number and S                     | treet, City, State, Zip Code)<br>eet, Sayerville, New Jerse |  |  | All the second s |
| Check Box(es) that Apply:  | ☐ Promoter                             | ☐ Beneficial Owner  | ☐ Executive Officer  | ☐ Director                             | ☐ General and/or<br>Managing Partner   |
| Full Name (Last name first,  | if individual)                         | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                     |  |  |  |
| Business or Residence Add  | ress (Number and S                     | Street, City, State, Zip Code)                              |  |  |  |
|  |  |   |  |  |  |
|  |  |   |  |  |  |

| 1. yr 32, 11. |                              | - 10 BM         |               | B. 1          | NFORMA       | TION ABO     | OT OFFE      | RING           |                | fifteen from the                      |              |              |
|---------------|------------------------------|-----------------|---------------|---------------|--------------|--------------|--------------|----------------|----------------|---------------------------------------|--------------|--------------|
| 1.            | Has the iss                  | uer sold, or    | does the issi | uer intend to | sell, to nor | -accredited  | investors in | this offerin   | g?             |                                       | Yes □ No     | X            |
|               |                              |                 | 1             | Answer also   | in Append    | lix, Column  | 2, if filing | under ULO      | E.             |                                       |              |              |
| 2.            | What is the                  | e minimum       | investment    | that will be  | accepted fi  | rom any ind  | lividual?    |                |                |                                       | \$100,000    |              |
| 3.            | Does the o                   | ffering pern    | nit joint ow  | nership of a  | single unit  | :?           |              |                |                |                                       | Yes ⊠ No     |              |
| 4.            | Enter the in                 |                 |               |               |              |              |              |                |                |                                       |              |              |
|               | similar remu<br>an associate |                 |               |               |              |              |              |                |                |                                       |              |              |
|               | or dealer.                   | If more than    | n five (5) p  | ersons to b   |              |              |              |                |                |                                       |              |              |
|               | information                  | for that brol   | ker or dealer | r only.       |              |              |              |                |                |                                       |              |              |
| Full Name     | (Last name                   | first if indi   | vidual)       |               |              |              |              |                |                |                                       |              |              |
| N/A           | •                            | inisi, ii iiidi | vidualy       |               |              |              |              |                |                |                                       |              |              |
| Business o    | r Residence                  | Address (N      | umber and     | Street, City  | State, Zip   | Code)        |              |                |                |                                       |              |              |
| Name of A     | ssociated Bi                 | roker or Dea    | ıler          |               |              |              |              | <del>~</del> · | v. ·           |                                       |              |              |
|               |                              |                 |               |               |              |              |              |                |                |                                       |              |              |
| States in W   | Vhich Person                 | Listed Has      | Solicited o   | r Intends to  | Solicit Pur  | chasers      |              |                |                |                                       |              |              |
| (Chec         | ck "All State                | s" or check     | individual S  | States)       |              | •••••        | •••••        |                |                | 🗆                                     | All States   |              |
| [AL]          | [AK]                         | [AZ]            | [AR]          | [CA]          | [CO]         | [CT]         | [DE]         | [DC]           | [FL]           | [GA]                                  | [HI]         | [ID]         |
| [IL]          | [IN]                         | [IA]            | [KS]          | [KY]          | [LA]         | [ME]         | [MD]         | [MA]           | [MI]           | [MN]                                  | [MS]         | [MO]         |
| [MT]<br>[RI]  | [NE]<br>[SC]                 | [NV]<br>[SD]    | [NH]<br>[TN]  | [NJ]<br>[TX]  | [NM]<br>[UT] | [NY]<br>[VT] | [NC]<br>[VA] | [ND]<br>[WA]   | [OH]<br>[WV]   | [OK]<br>[WI]                          | [OR]<br>[WY] | [PA]<br>[PR] |
| Full Name     | (Last name                   | first, if indi  | vidual)       |               |              |              |              | <u>_</u>       |                |                                       | <del></del>  | ,,,,         |
| Business o    | r Residence                  | Address (N      | umber and     | Street City   | State Zin    | Code)        |              | <u></u>        |                |                                       | <del></del>  |              |
|               |                              |                 |               |               |              |              |              |                |                |                                       |              |              |
| Name of A     | ssociated Bi                 | roker or Dea    | aler          |               |              |              |              |                |                |                                       |              |              |
| States in W   | Vhich Person                 | Listed Has      | Solicited o   | r Intends to  | Solicit Pur  | chasers      |              |                | <del>-</del> . | <del></del>                           |              | <u> </u>     |
| (Chec         | ck "All State                | s" or check     | individual S  | States)       |              |              |              |                |                | 0                                     | J All States | )            |
| [AL]          | [AK]                         |                 |               |               |              | [CT]         | [DE]         | [DC]           | [FL]           | [GA]                                  | [HI]         | [ID]         |
| [IL]<br>[MT]  | [IN]<br>[NE]                 | [IA]<br>[NV]    | [KS]<br>[NH]  | [KY]<br>[NJ]  | [LA]<br>[NM] | [ME]<br>[NY] | [MD]<br>[NC] | [MA]<br>[ND]   | [MI]<br>[OH]   | [MN]<br>[OK]                          | [MS]<br>[OR] | [MO]<br>[PA] |
| [RI]          | [SC]                         | [SD]            | [TN]          | [TX]          | [บา]         | [VT]         | [VA]         | [WA]           | [wv]           | [WI]                                  | [WY]         | [PR]         |
| Full Name     | (Last name                   | first, if indi  | vidual)       |               |              |              |              |                |                |                                       |              |              |
| Business o    | r Residence                  | Address (N      | umber and     | Street, City  | , State, Zip | Code)        |              |                |                | · · · · · · · · · · · · · · · · · · · |              |              |
| Name of A     | i-4- J.D.                    | l D             | 1             | <del></del>   |              |              |              |                |                | ·                                     |              |              |
| Name of A     | ssociated Bi                 | roker or Dea    | ner           |               |              |              |              |                |                |                                       |              |              |
| States in V   | Vhich Person                 | Listed Has      | Solicited o   | r Intends to  | Solicit Pur  | chasers      |              |                |                |                                       |              |              |
| (Chec         | ck "All State                | s" or check     | individual (  | States)       |              |              |              |                |                |                                       | All States   |              |
| [AL]<br>[IL]  | [AK]<br>[IN]                 | [AZ]<br>[IA]    | [AR]<br>[KS]  | [CA]<br>[KY]  | [CO]<br>[LA] | [CT]<br>[ME] | [DE]<br>[MD] | [DC]<br>[MA]   | [FL]<br>[MI]   | [GA]<br>[MN]                          | [HI]<br>[MS] | [ID]         |
| [MT]          | [NE]                         | [NV]            | [NH]          | [NJ]          | [NM]         | [NY]         | [NC]         | [ND]           | [OH]           | [OK]                                  | [OR]         | [MO]<br>[PA] |
| [RI]          | [SC]                         | [SD]            | [TN]          | [TX]          | [UT]         | [VT]         | [VA]         | [WA]           | [WV]           | [WI]                                  | [WY]         | [PR]         |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold.

|    | Type of Security  | Aggregate Offering Price | Amount Already<br>Sold               |
|----|---|--------------------------|--------------------------------------|
|    | Debt  | \$ 0                     | \$ 0                                 |
|    | Equity  | \$ 2,000,000             | \$ 692,300                           |
|    | ☑ Common ☐ Preferred  |                          |                                      |
|    | Convertible Securities (including warrants)   | \$ O                     | \$ 0                                 |
|    | Partnership Interests   | \$ 0                     | \$ O                                 |
|    | Other (Specify:)  | \$ 0                     | \$ 0                                 |
|    | Total   | \$ 2,000,000             | \$ 692,300                           |
|    | Answer also in Appendix, Column 3, if filing under ULOE.  |                          |                                      |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            |                          |                                      |
|    |   | Number<br>Investors      | Aggregate Dollar Amount of Purchases |
|    | Accredited Investors  | 4                        | \$ 692,300                           |
|    | Non-accredited Investors  | 0                        | \$ 0                                 |
|    | Total (for filings under Rule 504 only)   |                          |                                      |
|    | Answer also in Appendix, Column 4, if filing under ULOE.  |                          |                                      |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  |                          |                                      |
|    | Type of offering  | Type of<br>Security      | Dollar Amount<br>Sold                |
|    | Rule 505  | <u>N/A</u>               | \$ <u>N/A</u>                        |
|    | Regulation A  | <u>N/A</u>               | \$ <u>N/A</u>                        |
|    | Rule 504  | N/A                      | \$ <u>N/A</u>                        |
|    | Total   | <u>N/A</u>               | \$ <u>N/A</u>                        |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                          |                                      |
|    | Transfer Agent's Fees   |                          | \$ O                                 |
|    | Printing and Engraving Costs  |                          | \$ 0                                 |
|    | Legal Fees.   | ⊠                        | \$20,000                             |
|    | Accounting Fees   |                          | \$0                                  |
|    | Engineering Fees  |                          | \$ 0                                 |
|    | Sales Commissions (specify finders' fees separately)  |                          | \$ 0                                 |
|    | Other Expenses (identify) miscellaneous including anticipated blue sky filing fees  | 🗵                        | \$5,000                              |
|    | TOTAL   | X                        | \$25,000                             |

| b. Enter the difference between the aggregate offering Question 1 and total expenses furnished in response to the "adjusted gross proceeds to the issuer."  | Part C - Question 4.a. This different   | ce is        |   | \$ 1.975.000  |
|---|---|--------------|---|---|
| 5. Indicate below the amount of the adjusted gross proceeds each of the purposes shown. If the amount of any purpo check the box to the left of the estimate. The total of the gross proceeds to the issuer set forth in response to Part C | s to the issuer or proposed to be used<br>se is not known, furnish an estimate<br>payments listed must equal the adju | d for<br>and |   | \$ <u>1,975,000</u>   |
| Salaries and feesPurchase of real estate  |   |              | Payments to Officers, Directors, & Affiliates \$ 0 \$ 0 | Payments To Others  □ \$ 0 □ \$ 0   |
| Purchase, rental or leasing and installation of machin  | nery and equipment  |              | \$  | <b></b>   |
| Construction or leasing of plant buildings and facility   | ies   |              | \$ <u>ō</u>   | _ 🗅 \$0   |
| Acquisition of other business (including the value of that may be used in exchange for the assets or securit merger)  Repayment of indebtedness  Working capital  Other (specify):  | ties of another issuer pursuant to a  |              | \$ 0<br>\$ 0<br>\$ 0<br>\$ 0<br>\$ 0<br>\$ 0            | □ \$ 0<br>□ \$ 0<br>□ \$ 1,975,000<br>□ \$ 0<br>□ \$ 0<br>□ \$ 1,975,000<br>1,975,000 |
| D. FF   | CDERAL SIGNATURE  |              |   |   |
| The issuer has duly caused this notice to be signed by the under<br>collowing signature constitutes an undertaking by the issuer to<br>f its staff, the information furnished by the issuer to any non-<br>sister (Print or Type)           | furnish to the U.S. Securities and E.   | xcha         | nge <b>A</b> ommissio                                   | n, upon written request   |
| Barbara K Enterprises, Inc.   | /hu-  | 1            |   |   |
| Name of Signer (Print or Type)<br>Barbara Kavovit   | Title of Signer (Print or Type)  Chief Executive Officer  |              |   |   |
|   | ATTENTION   |              |   |   |
| Intentional misstatements or omissions of fac   | t constitute federal criminal   | vio          | lations. (Se  | e 18 U.S.C. 1001.)  |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS